

IAB FIGHTERS SUSPENSION NOTICE

IAB Event Representative: Please Print Off "Several" Of These Forms In Color To Have With You At Event. Use Carbon Paper For Duplicating. Keep Original - Copy To Suspended Fighter.



FIGHTER: _____ DATE: ____ / ____ 20 ____

EVENT CITY: _____ STATE: _____ COUNTRY: _____

REASON: ___ KO ___ TKO ___ INJURY ___ DISCIPLINARY

EXPLAIN SUSPENSION: _____

____ / ____ / ____ BEGINNING DATE OF SUSPENSION	____ DAYS	____ / ____ / ____ ENDING DATE OF SUSPENSION
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The **IAB** may Suspend an **IAB** Fighter, Fighting on an **IAB** Sanctioned Event for medical or disciplinary reasons. If for MEDICAL REASONS, The **IAB** may also require medical testing as required to further review the Fighter's injuries before fighting again.

- If you lose by TKO there is an automatic 30-DAY SUSPENSION. Unless the **IAB** Representative and Event Doctor see a reason the suspension may be less than 30 days. If so, they will explain above.
- If you lose by KO there is an automatic 45 DAY SUSPENSION.
- Your suspension shall be upheld by ALL State Athletic/Boxing Commissions and ALL Sanctioning Bodies.
- If you fight while suspended you will face an additional suspension and monetary fines no less than \$250.00 up to \$5,000.00 per incident.

ATTENTION FIGHTER - DANGER SIGNS

Notify the ringside physician of any injury sustained During your fight. You should seek immediate medical attention at the closest hospital Emergency room if you experience any of the following:
NAUSEA OR VOMITING - / - DIZZY, WOOZY OR SLEEPY - / - BLACK SPOTS, FLASHING LIGHTS - / - CONFUSION - / - PAIN IN THE EYE - / - UNABLE TO WALK STRAIGHT - / - SEVERE HEADACHES - / - DOUBLE OR BLURRED VISION OR AREAS OF BLACKNESS

I hereby declare that I am the fighter above and I have read & fully understand the meaning & importance of its contents. I acknowledge that this is a binding agreement between myself & the **IAB**. I further declare & represent that I am at least 18 years of age, that I have full legal capacity to be bound by this agreement, & that I am signing this agreement of my own free will and accord.

Executed at _____ AM/PM, on this _____ day of _____, in the year 20 ____

FIGHTERS PRINTED NAME: _____

FIGHTERS SIGNATURE: _____ DATE: ____ / ____ 20 ____

IAB REPRESENTATIVES PRINTED NAME: _____

IAB REPRESENTATIVES SIGNATURE: _____ DATE: ____ / ____ 20 ____

EVENT MEDICAL DOCTORS PRINTED NAME: _____

EVENT MEDICAL DOCTORS SIGNATURE: _____ DATE: ____ / ____ 20 ____